**UNITEC - Incident Report**

 **Security Centre**

 security@unitec.ac.nz

 **Ext: 7114 (Team Leaders) – Ext: 7116 (Administration)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Report No: | **CRITICAL INCIDENT Y/N** | Mon | Tue | Wed | Thu | Fri | Sat | Sun |

 Day Month Year Times

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Type:**  | **On/From** |  |  |  |  |  |  |  |  |  |  |
|  | **To** |  |  |  |  |  |  |  |  |  |  |
| **Location:**  | **Reported** |  |  |  |  |  |  |  |  |  |  |
|  | **Police Attended** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name in Full |  Full Contact Address: |  ID No. | Phone Contact |
| **Complainant:** **Email:** |  |  | **Cell:** |
| **Witness:** **Email:** |  |  | **Cell:** |
| **Witness:** **Email:** |  |  | **Cell:** |

|  |  |  |
| --- | --- | --- |
| Staff/Student/Visitor/Contractor/ /Lessee**(Highlight Which One)** | Physical Injuries: | Medical Treatment-Where: |

## *FULL* Description of Occurrence

|  |
| --- |
|  |
| **Security Assistants** | **Campus Contractor** | **CCTV/Team Leader** | **Police Event/Job No** | **Fire Service Event No.** |
|  |  |  |  |  |
| **Ambulance Service Job No:** | **Health & Safety Advised** | **CCTV Footage Prepared** | **Police Office Attending** | **Fire Officer in Charge** |
| ***Yes No******Number:*** | ***Yes No*** ***Number:*** | ***Yes No*** | ***Yes No*** |  |

**Vehicle – Stolen/Lost/Damaged**

|  |  |
| --- | --- |
| **Model/Make/Colour** |  |
| **Registration No.** |  |
| **Point of Access** |  |
| **Full Details of****Damage Done** |  |
| **Damage Cost** |  |
| **Name of****Insurance Company** |  |
| **Reported to POLICE** |  |

**Property – Stolen/Lost/Damaged**

|  |  |  |
| --- | --- | --- |
| **Number** |  **Full Description of Missing Items + Serial numbers** | **Value** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signature:**

**Date:**

|  |
| --- |
| **Follow Up**(Team Leaders/Manager) |

|  |  |  |  |
| --- | --- | --- | --- |
| Security Manager  | Team Leader | Insurance Company | CCTV Disk Prepared |
|  |  |  | Yes No |

***If there is not enough room on this report, please use a blank sheet of paper and submit that as well.***